PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										107561796		
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY										OR	OTHER THAN SMALL ENTITY	
FOR				NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							١	10.12107	, , , ,		TONIE (4)	300
SEARCH FEE (37 CFR 1.16(N), (i), or (m))							1					200
EXAMINATION FEE (37 CFR 1.16(0), (p), or (q))							1					LEW
TOTAL CLAIMS (37 CFR 1.16(i))			11	minus 2	o =			X =		OR	x •	
IND	EPENDENT CLA	, ,	reinus:		••		X B		OK			
(37 CFR 1.16(h))			If the spe	cification	and drawing:	s exceed 100	l	<u> </u>			X	
APPLICATION SIZE FEE (37 CFR 1.16(s))			sheets of paper, the application size t is \$250 (\$125 for small entity) for eac additional 50 sheets or fraction thereo 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.			or each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(J))												
												96U.00
												2/00.00
lá	2-2 1-0	15	TION AS / Jumn 1)	AMEND	ED – PART (Column 2)		SMALL I	ENTITY	OR	OTHER SMALL	THAN	
			CLAIMS MAINING		HIGHEST NUMBER			RATE (\$)	ADDI-			
ITA			AFTER ENDMENT		PREVIOUSLY PAID FOR	EXTRA		AVIE (3)	TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
ENDMENT	Total (37 CFR 1.18(3)	٠	TI	Mirus.	- 20	-/-		x \ =	122(4)	OR	x\ -	FEE (a)
2	Independent (37 CFR 1.16(b))	•	7	Minus	-3	•		×		OR	x \ =	
AME	Application Size	ation Size Fee (37 CFR		6(s))								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160)									OR	/	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
L_			lumn 1)		(Column 2	(Column 3)					·	
ENT 8	·	REI	LAIMS VAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
5	Total (37 CFR 1.1600)	•		Minus	••	20		X =		OR	x -	7.52.(0/
END	Independent (37 CFR 1.16(N))	•		Minus	***	=		х -		OR	x =	
ME	Application Size Fee (37 CFR 1.16(s))									UK		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160))								<u> </u>	ÓR		
								TOTAL ADD'L FEE	•	OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

This observiously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.